

# COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

**Instructions:** Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Stuart Portman

Employing Office/Committee: Hatch

Private Sponsor(s) (List all): HIMSS

Travel Date(s): February 19-22, 2017

Description/Title of Attached Forms: Amended RE-2 Form

Purpose of Amendment (describe the reason for amending original submission): Post-travel submission  
 must be amended with the Office of Public Records in SH-232. "Other Expenses" section of the RE-2  
 Form is being revised to remove an expense not associated with trip approval.

X 4/27/2017  
 (Date)

X [Signature]  
 (Signature of Traveler)

# Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

17 MAR 10 PM 4:44

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☐ The original Employee Pre-Travel Authorization (Form RE-1), AND
- ☐ A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): Healthcare Information and Management Systems Society (HIMSS)

Travel date(s): February 19 - February 22, 2017

Name of accompanying family member (if any): \_\_\_\_\_

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

## Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate	\$493.40	\$313.50	\$185	<del>\$40.25</del> (baggage fees, travel day breakfast, medicine)
<input checked="" type="checkbox"/> Actual Amount				

Changed to \$36.00 to reflect non-medical expenses

## Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate				
<input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): See attached

3/6/2017  
(Date)

Stuart Portman  
(Printed name of traveler)

[Signature]  
(Signature of traveler)

## TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

3/10/17  
(Date)

[Signature]  
(Signature of Supervising Senator/Officer)